CONFLICT OF INTEREST QUESTIONNAIRE

Northeast WTP SCADA Improvements

FORM CIQ

volvential coming business with local governmental entity	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code. A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An	Abilene City Secretar
offense under this section is a misdemeanor.	APR 0 2 2020
Name of vendor who has a business relationship with local governmental entity. Enprotec/Hibbs & Todd, Inc.	Filed for Record
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	s day after the date on which
Name of local government officer about whom the information is being disclosed.	7 - 7 - 7
None	9
Name of Officer	<u> </u>
Describe each employment or other business relationship with the local government officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with Complete subparts A and B for each employment or business relationship described. Attack CIQ as necessary.	h the local government officer.
not applicable	
A. Is the local government officer or a family member of the officer receiving or lift other than investment income, from the vendor?	kely to receive taxable income,
Yes No	
B. Is the vendor receiving or likely to receive taxable income, other than investment of the local government officer or a family member of the officer AND the taxable in local governmental entity?	income, from or at the direction acome is not received from the
Yes No	
Describe each employment or business relationship that the vendor named in Section 1 months of the sec	aintains with a corporation or ficer or director, or holds an
not applicable	
Check this box if the vendor has given the local government officer or a family member of as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.00	of the officer one or more gifts 03(a-1).
Bob Benham, CPA VP 3/11/20	
Signature of vendor doing business with the governmental entity Date of the state	ite
WILDING TO LEVE HIDIOC (DIMONICION	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/11/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy/ies) must have ADDITIONAL INSURED.

t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights	t to t	the te	erms and conditions of the rificate holder in lieu of si	he poli	icv. certain o	olicies may	require an endorsemen	t. Ast	atement on
PRO	DDUCER				CONTA		e Cardenas			
Marsh & McLennan Agency, LLC 8144 Walnut Hill Lane, 16th Fl								FAX (A/C, No):	212-70	
	allas TX 75231				E-MAIL ADDRE	es iacquelin	e cardenas@	marshmma.com	614-10	1-110-
				!	AUUN	_		RDING COVERAGE		MAKER
					INSURI	ERA: Texas M				22945
	URED			ENPROHIB		ER B: Continer				20443
En	protec/Hibbs & Todd, Inc. 2 Cedar St.			!		ER C : Continer				2186
	pilene TX 79601			!	r —	ERD: Continer				35289
				!	INSURE		HOI PROGRAMA	3 Company		33205
				1	INSURE					
CO	OVERAGES CER	RTIFI	CATI	E NUMBER: 391243330	1110011	ERT.		REVISION NUMBER:		
CE	HIS IS TO CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF EQUII PERT	INSUI REME TAIN.	RANCE LISTED BELOW HAVENT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN'	IY CONTRACT THE POLICIE: REDUCED BY I	THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS.	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO	CT TO V	WILLIAM THIS
INSR LTR C		INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		LIMIT	S	
C	X COMMERCIAL GENERAL LIABILITY			6076387644		4/2/2019	4/2/2020	EACH OCCURRENCE	\$ 1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	000
								MED EXP (Any one person)	s 15,000	0
		,	+					PERSONAL & ADV INJURY	s 1,000,	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				-			GENERAL AGGREGATE	\$ 2,000,	,000
	POLICY PRO- X LOC		5			[PRODUCTS - COMP/OP AGG	\$ 2,000.	,000
D	OTHER:		Ų.					COMBINED SINGLÉ LIMIT	\$	
-	X ANY AUTO			6076387613		4/2/2019	4/2/2020	(Ea accident)	s 1,000	,000
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS							PROPERTY DAMAGE	S	
	AUTOS ONLY AUTOS ONLY							(Per accident)	5	
D	X UMBRELLA LIAB X OCCUR	 	1			177/0040			\$	
	EVOSCO LAR			6076387630		4/2/2019	4/2/2020	EACH OCCURRENCE	\$ 10,000	0,000
	CEAIWIS-MADE	-						AGGREGATE	\$ 10,000	0.000
Α	WORKERS COMPENSATION	1		0001141768		4/20/2000	4/20/2004		5	
.,	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			0001141768		1/30/2020	1/30/2021	PER OTH-		
	OFFICER/MEMBER EXCLUDED?	N/A					-		\$ 1,000,0	
	If yes, describe under						r	E.L. DISEASE - EA EMPLOYEE		
В	DÉSCRIPTION OF OPERATIONS below Professional & Pollution	-	 	AEH591899237		4/2/2010			\$ 1,000.0	
_	Liability					4/2/2019		Each Claim Aggregate SIR - Per Claim	\$5,000 \$5,000 \$100,0	0,000
\$1,0 \$1,0	cription of operations / Locations / Vehicl per Liability, Policy Number: G28929444 200,000 Limit of Liability - each claim 200,000 Limit of Liability - aggregate 200 - Retention - each claim	ES (A 003,	.corp Carrie	101, Additional Remarks Schedule er: Indemnity Insurance Cor	i, may be mpany	of North Amei	space is require rica (4/2/19-4	d) /2/20)		
Prin	itional Insured form #CNA74858 edition iver of subrogation form #CNA74858 ed nary & Non-Contributory General Liabilit Attached	ition (01/15	applies to the General Liab	policy. od vility	licy.				
CER	RTIFICATE HOLDER				CANC	ELLATION				
City of Abilene Attn: Risk Manager				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
	Abilene TX 79604					sel H				
	Till the second					/	5			

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	NGENL I	CUSIUMER	III: ENERODIE

LOC #: ___

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency, LLC	· · · · · · · · · · · · · · · · · · ·	NAMED INSURED Enprotec/Hibbs & Todd, Inc. 402 Cedar St.	
POLICY NUMBER		Abilene TX 79601	
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	
ADDITIONAL DEMARKS		<u> </u>	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Additional Insured form #SCA23500D edition 10/11 applies to the Automobile Liability policy. Waiver of subrogation form #SCA23500D edition 10/11 applies to the Automobile Liability policy.

Waiver of subrogation form #WC420304B edition 06/14 applies to the Workers Compensation policy.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and Non-Contributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Umbrella Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

Umbrella Policy is Follow Form

Notice of Cancellation form #CNA74702XX (1-15) applies to the General Liability policy. Notice of Cancellation form #CNA68021XX (2-13) applies to the Automobile Liability policy. Notice of Cancellation form #WC 42 06 01 applies to the Workers Compensation policy.

The General Liability, Automobile Liability, & Worker's Compensation policies includes a blanket notice of cancellation to the certificate holder endorsement, providing for (30) days' advance written notice if the policy is canceled by the company, or 10 days' written notice before the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation.

RE: Project: Northeast WTP SCADA Improvements

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2020-603426
	Enprotec/Hibbs & Todd, Inc. Abilene, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	03/31/2020
	City of Abilene, Texas	Date Acknowledged: 04/02/2020

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Engineeering Services

NEWTP SCADA System Improvements

City, State, Country (place of business)	Nature of interest (check applicable)		
	Controlling	Intermediary	
Abilene, TX United States	x		
Abilene, TX United States	×		
Abilene, TX United States	×		
Abilene, TX United States	x		
Abilene, TX United States	×		
Abilene, TX United States	×		
Abilene, TX United States	х		
Abilene, TX United States	×		
Granbury, TX United States	×		
Aledo, TX United States	х		
Lubbock, TX United States	×	1)/	
Abilene, TX United States	×		
		·········	
	-		
	Abilene, TX United States Lubbock, TX United States Lubbock, TX United States	City, State, Country (place of business) Abilene, TX United States Abilene, TX United States Abilene, TX United States Abilene, TX United States X Lubbock, TX United States X	

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

L						2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties.			-		ONLY
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity		Certificate N 2020-60342		
	Enprotec/Hibbs & Todd, Inc.			2020-00042	.0	
_	Abilene, TX United States			Date Filed: 03/31/2020		
	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the	form is	03/31/2020		
	City of Abilene, Texas			Date Ackno 04/02/2020	_	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ty or state agency to tra	ck or identify	the contract	and pro	vide a
	Engineering Services	ied under the contract.				
	NEWTP SCADA System Improvements					
4			-	1		f interest
	Name of Interested Party	City, State, Country (p	lace of busine	·	check ap	pplicable) Intermediary
_	***	 -		00110	- Chilling	intermediary
L						
-			•••			
		16				
			-			
			····	'		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, ar	nd my date of bi	irth is		
	NA. address is					
	My address is(street)	(city)	(sta	te) (zip	code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of	, on the	day of		
					(month)	(year)
		Signature of authorized (D	l agent of contri eclarant)	acting busine	ss entity	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested parties.

OFFICE USE ONLY **CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Certificate Number: 2020-603426

Enprotec/Hibbs & Todd, Inc. Abilene, TX United States

Date Filed:

Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

03/31/2020

City of Abilene, Texas

Data Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a

description of the services, goods, or other property to be provided under the contract. **Engineeering Services**

NEWTP SCADA System Improvements

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Rich, PE, Colden	Abilene, TX United States	х		
Diller, PE, Sage	Abilene, TX United States	х		
Berryhill, PE, Joshua	Abilene, TX United States	х		
Yungblut, PE, Scott	Abilene, TX United States	x		
Hay, PE, Scott	Abilene, TX United States	×		
Hibbs, PE, Jordan	Abilene, TX United States	×		
Hibbs, PE, Scott	Abilene, TX United States	x		
Todd, PE, David	Abilene, TX United States	х		
Hay, PE, Christopher	Granbury, TX United States	x		
Kindle, PE, Keith	Aledo, TX United States	x		
Evans, PE, Perry	Lubbock, TX United States	х		
Benham, CPA, Bob	Abilene, TX United States	х		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.3a6aaf7d

CERTIFICATE OF INTEREST	ED PARTIES		FO	RM 1295	
				2 of 2	
Complete Nos. 1 - 4 and 6 if there are interested partic Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	ed parties.	CI	OFFICE US		
Name of business entity filing form, and the city, s of business. Enprotec/Hibbs & Todd, Inc. Abilene, TX United States	tate and country of the business entity	202	Certificate Number: 2020-603426		
Name of governmental entity or state agency that i being filed. City of Abilene, Texas	s a party to the contract for which the f	orm is 03/	e Filed: 31/2020 e Acknowledged	:	
Provide the identification number used by the government description of the services, goods, or other proper Engineeering Services NEWTP SCADA System Improvements	rnmental entity or state agency to traci by to be provided under the contract.	c or identify the	contract, and pro	wide a	
4 Name of Interested Party	City, State, Country (pla	ce of business)		f interest	
			Controlling	Intermediary	
				= =	
Check only if there is NO interested Party.					
UNSWORN DECLARATION					
My name is Bob Benham	, and n	ny date of birth is	3/12/1955		
My address is 18 Augusta Drive	, Abilene		79606	USA	
	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true Executed in Taylor		0.4			
executed in 1970.	County, State of Texas	on the 31 di	y of March	_, ₂₀ _20	
	8ob Benham,	CPA		4 1876	
	Signature of authorized age (Declar	ent of contracting ant)	business entity		
rms provided by Texas Ethics Commission	www.ethics.state.tx.us		Version V	1.1.3a6aaf7d	